

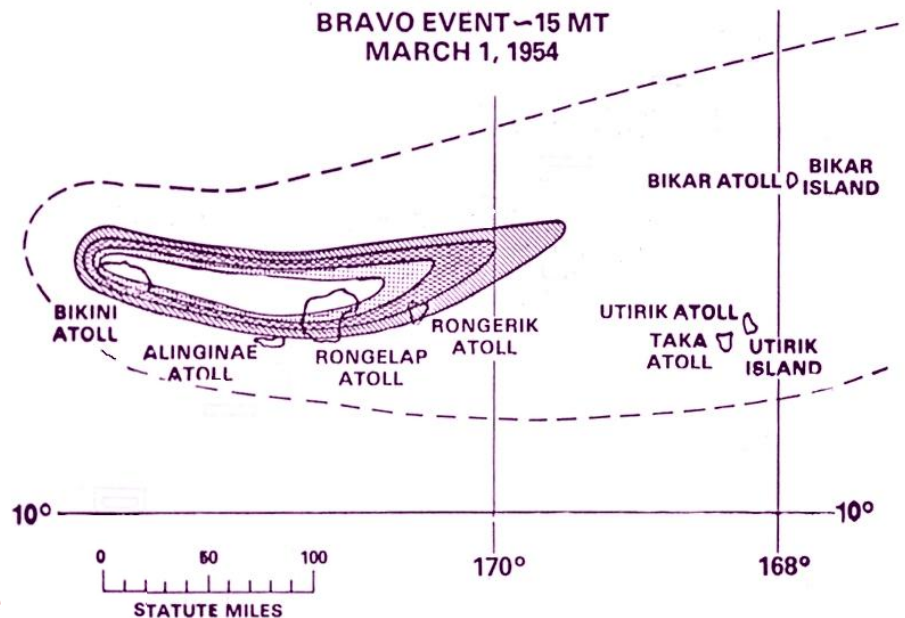
December 14, 2011

BROKEN PROMISES, SHATTERED LIVES:

The case for justice for Micronesians in Hawai'i

FALLOUT PATTERN

BRAVO EVENT ~15 MT
MARCH 1, 1954



**Hawai'i Appleseed Center
for Law and Economic Justice
Policy Brief:**

*Systemic Barriers to Self-Achievement
and Economic Security for Compact
of Free Association Migrants in Hawai'i*

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Cover: The fallout plume from the Castle Bravo nuclear test in March 1954 spread radiation contamination over an area more than 100 miles long, including inhabited islands.

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- **The 21 individuals** who participated in these interviews, contributing their time and candid observations

We hope that this report is educational and helps stimulate awareness, advocacy and action to address the challenges faced by Micronesian migrants in Hawai'i.

Executive Summary

The Compacts of Free Association, or COFA, are a series of treaties between the United States and the Federated States of Micronesia, Republic of Palau and Republic of the Marshall Islands. Under these treaties, the U.S. exercises strategic control of more than a million square miles of the Pacific between Hawai'i and Guam and significant economic control of the three nations.

For many years, the U.S. tested nuclear weapons in Micronesia. At the nuclear test grounds at Eniwetok and Bikini in the Marshall Islands, 67 open-air atomic and hydrogen bombs were detonated. As a result, many islanders suffer disproportionately from serious health problems linked to nuclear weapons testing and ongoing U.S. occupation. Residents were forced to relocate, traditional agriculture became impossible on lands rendered unusable by fallout or military operations and the economy became dependent on the U.S. With few local jobs available, proportionally more recruits from COFA nations have joined the U.S. military than from any other state or territory.

COFA residents make many significant positive contributions to the U.S. economy and national security, yet they receive very few government benefits. They are legally eligible to work in the U.S. – and to pay state and

It is time to remove institutional barriers to assimilation, reject stereotypes that demonize the migrant community and adopt policies that support assimilation

federal taxes – but, unlike all other immigrants and U.S. citizens, COFA residents are excluded by law from ever receiving federal benefits, such as Medicaid. All legal immigrants, refugees, victims of domestic violence, trafficking victims, immigrant victims of crime and asylum seekers are all eligible

to receive these benefits, but COFA residents are not.

Some 15,000 COFA migrants now reside in Hawai'i, where they face many barriers to achieving assimilation and economic security including language, social and cultural barriers, negative stereotyping and marginalization. This report details those barriers.

The State of Hawai'i annually receives Compact Impact funds – \$11.2 million for fiscal year 2010, for example – to help pay for services to COFA residents, many of whom came here for health care that is unavailable in their home islands. Until recently, the State provided care for them under programs such as QUEST, a managed care program where the State pays health plans to provide coverage of medical and mental health services. However, for economic reasons, the State created a new health program for Micronesian migrants in 2009 called Basic Health Hawai'i that significantly reduced those benefits.

The BHH plan's limited health care coverage was inadequate for disabled or seriously ill persons. Some patients used up all of their allotted visits to doctors simply to be diagnosed when confronted with complex illnesses. Disabled individuals and others often needed more doctor visits, prescriptions and access to medical procedures and devices than the plan

allowed. Just as importantly, BHH did not cover critical services such as chemotherapy for cancer treatment and dialysis for kidney failure.

In November 2010, after Lawyers for Equal Justice (now the Hawai'i Appleseed Center for Law and Economic Justice) filed a class action suit on behalf of COFA migrants, Federal Court Judge Michael Seabright found the State violated the 14th amendment by specifically targeting COFA residents for cuts to medical services. He issued a preliminary injunction to reinstate benefits for COFA residents by January 2011. The State is now appealing this ruling.

If COFA residents are systemically denied access to health care, chronic conditions will fester until they become emergencies. Therefore, switching them to BHH could increase emergency service costs, overload emergency rooms and actually increase overall spending for health care.

Only Hawai'i has targeted the Micronesian immigrant population, declaring it responsible for the State budget deficit

The recent attempt by the State of Hawai'i to eliminate life-sustaining medical services is only one example of the structural barriers Micronesians families confront in their struggle to succeed. Others barriers include discrimination in housing and employment, in securing education for their children and in obtaining critical social services to aid in their assimilation.

Despite their history of nuclear devastation, economic dependency, military service and relegation of territory, national security and sovereignty to the U.S., the citizens of the three COFA nations under federal law can *never* receive benefits that all other legal immigrants from countries that have never made such contributions need only wait five years to receive.

Micronesians are just the newest wave of immigrants to Hawai'i, a place that has always eventually welcomed, embraced and celebrated newcomers. Hawai'i needs a comprehensive plan to work against discrimination and negative stereotypes and to assist Micronesian assimilation, not to further marginalize the COFA community. It is time to reject stereotypes that demonize the COFA community and adopt policies that support their full integration into our state.

It is time for Hawai'i to be on the right side of history by improving opportunities for health care, education, employment, housing and social services for Micronesians living in our state. It is time for Hawai'i to accept and embrace the Micronesian migrant population, remove institutional barriers that limit assimilation and willingly invest in our future together as one people.

Country	Population (2006 Est.)	Land Area (Sq. Km.)	Economy	GDP Per Capita (2008-2009 est.)
Federated States of Micronesia	110,218	704.6	Agriculture, Fisheries	\$ 2,702
Republic of Palau	20,600	458	Fisheries, Tourism	8,941
Republic of the Marshall Islands	56,242	181	Agriculture, U.S. Military	2,638

Introduction

COFA Economic Provisions

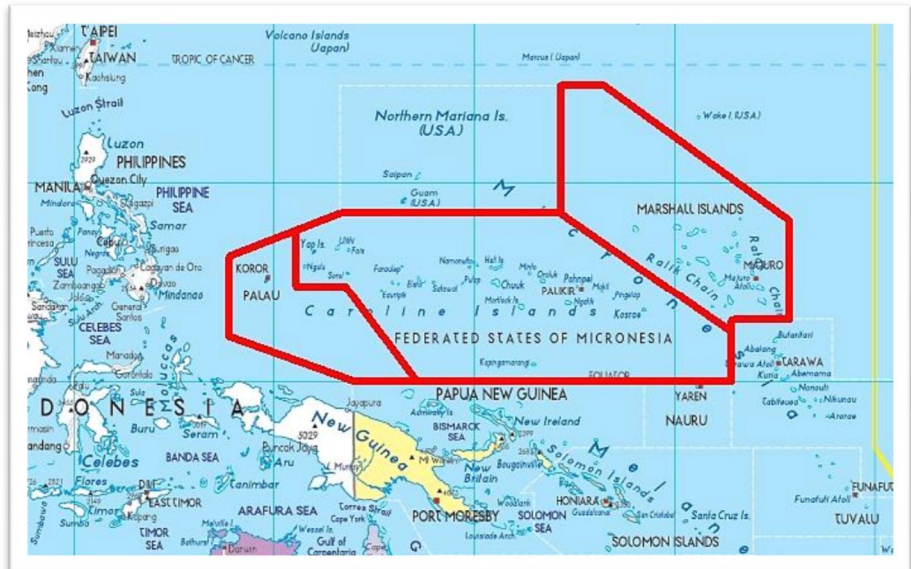
Technical assistance from U.S. Office of Insular Affairs

- U.S. Federal Emergency Management Agency provides disaster response and recovery and hazard mitigation
- U.S. provides weather, postal, aviation, communication services
- Duty-free imports
- COFA citizens may live and work in the U.S. and vice versa
- Congress revoked Medicaid benefits for COFA residents in U.S. in 1996 (other resident aliens are eligible after a five-year waiting period)

COFA Military Provisions:

- U.S. armed forces may operate and control Compact areas significantly greater than the size of the continental U.S.
- U.S. can demand land for operating bases, subject to negotiation
- Other nations' militaries are excluded from COFA area
- U.S. bears responsibility for COFA nations' security
- U.S. administers all international defense treaties and affairs, except declaring war
- Nuclear, chemical or biological weapons not allowed in Palau, except in case of emergency

Immigrants who come to America have always faced a host of challenges. Although they may arrive hoping to achieve the American dream and build better lives for themselves and their children, the reality is often much harsher.



The COFA treaties gave the U.S. control of more than a million square miles.

The experiences of migrants in Hawai'i from the Federated States of Micronesia, the Republic of the Marshall Islands and the Republic of Palau are no exception. However, unlike other immigrants, families and individuals from these Pacific islands choose to come to the United States access health care, education and employment that are non-existent in their islands because of the legacy of U.S. militarization and weapons testing and decades of failed U.S. trusteeship and oversight.

This population is often referred to as "COFA migrants," because their nations are related to the U.S. through Compact of Free Association treaties, or "Micronesian migrants," because of the geographic region of their origin.¹

In recent years, the presence of COFA migrants in the Aloha State has become controversial. Politicians have decried the so-called "Compact impact" of Micronesian families using public services by while comment in the media has urged them to "Keep these leeches off our island."² Not, surprisingly, as the state's economy took a downturn, the amount of negative stigma associated with this community has increased.

¹ The term "Micronesian" is used in this report to refer to people from the FSM, RMI, and ROP, all of which are located in the geographic region of Micronesia. It should be noted however that not all people from those nations identify as "Micronesian" because the islands are home to different ethnicities, languages, and cultures.

² Reader Comment on "Micronesian Homeless in Hawai'i – Record Numbers." July 08, 2007. <http://www.micsem.org/forum/comments.php?DiscussionID=852>.

Challenges to COFA migrants in Hawai'i fall largely into three categories: language barriers, cultural barriers and social barriers

Micronesian migrants, unlike other newcomers, are not technically “immigrants” residing in the U.S. under Immigration and Nationality Act restrictions. Instead, they are entitled to enter the U.S. without visas and to live and work indefinitely under the terms of the COFA treaties.³ Furthermore, their increasing exercise of this right is the direct consequence of an overwhelming prevalence of disease and a lack of economic self-sufficiency in Micronesia caused in part by U.S. policy toward the region.⁴

All newcomers may struggle to learn English, adjust to American or even Western culture and to overcome social stigmatization. In the past, immigrant groups have been able to overcome barriers with the help of services and policies supporting their integration and developing their capacity to make positive contributions. As the newest immigrant group to come to Hawai'i, like others before them, Micronesians face similar barriers to self-achievement and economic security.

Many COFA migrants have been denied fair treatment and access to needed services, such as language access in hospitals and courts, fair housing and equal employment opportunities. Unfortunately, rather than developing services to support this community and combating the harsh discrimination it faces, governmental leaders too often have stigmatized COFA migrants, ignoring their significant contributions to national security, Hawai'i's economy and our community.

This report was compiled in response to the growing political controversy surrounding the presence of COFA migrants in Hawai'i, to raise awareness of the systemic challenges that affect this community and to shift the discussion from one focused on resources to one centered on civil and human rights.

As of 2009, Hawai'i was home to an estimated 12,000-15,000 COFA migrants. During June and July 2011, the Hawai'i Appleseed Center for Law and Economic Justice interviewed members of this community and organizations that provide it services. The 21 participants, who were recruited by snowball sampling or chain referrals, included health care providers, students, teachers, employment specialists, lawyers, community organizers and other service providers. These interviews made evident that the challenges to COFA migrants in Hawai'i fall largely into three categories: language barriers, cultural barriers and social barriers. This report will present first a brief background on COFA nations and COFA migration to Hawai'i; the following sections will explore these three categories.

³ “Compact of Free Association.” *Civil Beat*. 2011.

<http://www.civilbeat.com/topics/compact-of-free-association/>

⁴ Pobutsky et al. “Micronesian Migrant Health Issues in Hawai'i: Part 2: An Assessment of Health, Language and Key Social Determinants of Health.” 2009. *Californian Journal of Health Promotion*. Volume 7, Issue 2, pages 33-34.

Part I: Historical Background



Federated States of Micronesia, FSM

"In 1979 the Federated States of Micronesia, a UN Trust Territory under US administration, adopted a constitution," says the CIA's World Fact Book. "Present concerns include large-scale unemployment, overfishing and overdependence on US aid."

FSM's population of more than 100,000 is served by four state hospitals with a total of 303 beds, six health centers, 109 dispensaries, five private clinics, one private 36-bed hospital, 62 physicians, 13 dentists, 16 pharmacists and 229 nurses.

Micronesia is a term for a geographic region in the western Pacific that encompasses many small islands. After World War II, the United Nations placed several of these islands in the Trust Territory of the Pacific Islands in 1947 under the administration of the U.S., which became responsible for promoting the economic, political and social development of the islands with the goal of eventual self-determination.⁵

In 1961, a U. N. Visiting Mission strongly criticized the U.S. for failing to fulfill these responsibilities and the U.S. came under pressure to help the trustees move toward self-government.⁶ The Compacts of Free Association were a series of treaties signed when three of these nations ended their trusteeships, and became independent nations: the Marshall Islands in 1986; Federated States of Micronesia in 1986; and Palau in 1994.⁷

The COFA agreements form the basis of a special, long-term political relationship between these nations and the U.S. According to their provisions, the U.S. assumes control over the foreign affairs, airspace and waters of COFA nations. In the FSM alone, this means control of more than one million square miles of the Pacific.⁸ In the Marshall Islands, the U.S. Army leases eleven islands and operates the Ronald Reagan Ballistic Missile Defense Test Site, called RTS, which provides a Major Range Test Facility Base, or MRTFB, and supports developing and testing of missiles and missile interceptors, as well as U.S. Strategic Command surveillance and NASA operations.

According to the U.S. Army Space & Missile Defense Command, "The unquestioned value of RTS to the MRTFB is based upon its strategic geographical location, unique instrumentation and unsurpassed capability to support ballistic missile testing and space operations."⁹ In terms of national defense, the value of the advantages secured by the COFA agreements is undeniable. The RTS remains the premiere U.S. offensive and defensive missile testing ground, supporting major missile systems, space operations, surveillance and object identification.¹⁰

In return for these military privileges, the U.S. is required to aid the economic development of COFA nations and provide for their national security. In addition, COFA citizens have the right to migrate to and work in the U.S. and vice versa.¹¹ COFA migrants also are able to serve in the U.S. military and many do. In fact, citizens from the Federated States of Micronesia serve at

⁵ Charter of the United Nations, Chapter XII: International Trusteeship System, Article 76. <http://www.un.org/en/documents/charter/chapter12.shtml>

⁶ Ridgell, Reilly. "Pacific Nations and Territories: The Islands of Micronesia, Melanesia, and Polynesia." Pacific Region Educational Laboratory. Honolulu, Hawai'i, 1995.

⁷ "Compact of Free Association."

⁸ "Federated States of Micronesia." Advameg, Inc. 2008.

<http://www.everyculture.com/Ma-Ni/Federated-States-of-Micronesia.html>

⁹ "Ronald Reagan Ballistic Missile Defense Site." U.S. Army. Oct. 14, 2011.

http://www.smdc.army.mil/RTS_network.html

¹⁰ U.S. Department of Defense 2011 budget.

<http://www.dtic.mil/descriptivesum/Y2011/Army/0605301A.pdf>

¹¹ "Compact of Free Association."



Republic of the Marshall Islands, RMI

Half of the cancers caused by the U.S. nuclear tests in the Marshall Islands have yet to appear.

The Marshall Islands Medical Projects provides medical care to those exposed to fallout from the Castle Bravo weapons. This treatment only covers tumors and cancer-oriented, problems.

Despite high rates of renal failure and kidney disease that require many to receive dialysis, the Marshall Islands and many islands in the Federated States of Micronesia lack the infrastructure to make such services available or even possible.



An honor guard carries the remains of U.S. Army Sergeant and Afghanistan veteran Raymond J. Hicks, an FSM citizen and U.S. Army soldier, at Pohnpei International Airport

U.S. Dept. of the Interior Office of Insular affairs photo

approximately double the per capita rate of American citizens – a significant contribution from a nation with a population of 107,000.¹² FSM's military contribution is not unique; a 2009 article by the Associated Press estimated that 30 to 40 Palauans join the U.S. military annually out of a population of 20,000 and noted that Palau also bore the burden of accepting 13 Guantanamo Bay detainees.¹³

The terms of the COFA agreements reflect the unique circumstances that characterize the relationship between the U.S. and these islands. During the Trust Territory period, the U.S. violated aspects of its mission as a trustee, including the objective "to promote the political, economic, social and educational advancement of the inhabitants of the trust territories, and their progressive development towards self-government or independence."¹⁴

Between 1946 and 1958, the U.S. conducted 67 nuclear tests in the Marshall Islands resulting in the destruction of resource-rich islands and horrific health effects that continue to plague the population today.¹⁵

In addition, rather than promote the islands' self-sufficiency, the U.S. government deliberately fostered economic dependency in the Trust Territory to maintain strategic control over this geographic region.¹⁶ The 1963 Report by the U. S. Survey Mission to the Trust Territory of the Pacific Islands, more commonly known as the Solomon Report, outlines a political strategy to ensure that after the trusts were dissolved the islands would be permanently politically bound to the U.S. The report has been cited as a demonstration of America's strategic colonialism in the Pacific.¹⁷

¹² "Background Note: Micronesia." Bureau of East Asian and Pacific Affairs. U.S. Department of State. Feb. 8, 2011. <http://www.state.gov/r/pa/ei/bgn/1839.htm>

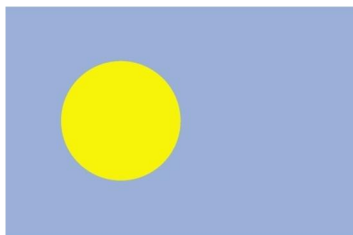
¹³ Tomoko, Hosaka. "Soldier death, Gitmo detainees rattle Palau." Associated Press. June 16, 2009. http://www.armytimes.com/news/2009/06/ap_palau_soldier_dead_061609w/

¹⁴ Charter of the United Nations, Chapter XII: International Trusteeship System, Article 76. <http://www.un.org/en/documents/charter/chapter12.shtml>

¹⁵ "Compact of Free Association."

¹⁶ Solomon, Anthony M. "U.S. Government Survey Mission to the Trust Territory of the Pacific Islands: Report to the President." Oct. 9, 1963. Page 505.

¹⁷ Hanlon, David L. "Remaking Micronesia: Discourses over development in a Pacific territory, 1944-1986." 1998. Page 93-96.



Republic of Palau, ROP

After 30 years as part of the UN Trust Territory of the Pacific under U.S. administration, this westernmost cluster of the Caroline Islands chose to become independent in 1978 instead of joining the Federated States of Micronesia.

Palau's Compact of Free Association with the U.S. was approved in 1986, ratified in 1993 and effective in 1994 when the ROP became independent.

A comprehensive study of roughly 11,000 adults and 4,000 children on Palau found hypertension was the country's leading chronic illness. Diabetes was not far behind and asthma was also a serious problem.

Today, these island nations remain poverty-stricken and dependent upon U.S. aid. Health problems related to nuclear testing and overreliance on imported goods persist. A 2004 National Cancer Institute reported that half of the cancers caused by the nuclear tests in the Marshall Islands have yet to appear.¹⁸ The islands' dependence on imported goods has led to extremely high rates of obesity and diabetes, which is now the leading cause of death in the RMI and in the state of Kosrae in the FSM.¹⁹

The gross domestic product per capita in the FSM was as low as \$2,200 in 2008, with a growth rate of only 0.3 percent. More than a fourth of the population lives below the poverty line and the unemployment rate was 22 percent.²⁰ In the RMI, GDP per capita was \$2,500, with negative growth and an unemployment rate of 36 percent.²¹

The U.S. military has spent more than \$4 billion to develop the RTS. Much of this development, however, has had negative impacts on Marshallese residents. U.S. operations include land-impact testing and ocean disposals that have rendered many atolls uninhabitable. For many Marshallese, cultural displacement and loss of traditional lands has been devastating. Many have relocated to Ebeye, leading to overcrowding and health problems.

While the RTS base on Kwajalein provides housing, retail facilities, food, medical and dental care, schools, child care, police and fire protection, post offices, recreation facilities, television, newspaper and other services for military and defense contractor families, it does not provide these services to the local population.²² The more than 1,200 Marshallese work at RTS but are not allowed to live on Kwajalein and must commute by ferry to their homes on neighboring Ebeye Atoll, which lacks comparable food services, clean and un-crowded housing and health care facilities.²³ The superior services and infrastructure on base are inaccessible to Marshallese residents and even Marshallese employees.

Thus, migration to Hawai'i has increased steadily. The main reason for migration is the need for health care unavailable in their home islands, followed by a desire for better education and better job opportunities. In other words, COFA migrants are not unlike other immigrant groups in U.S. history.²⁴

¹⁸ "Cancer Report Set for U.S. House Hearing." *The Marshall Islands Journal*. May 20, 2005. http://www.visitrongelap.com/MediaCenter/Press_Releases/2005_0520.htm

¹⁹ "Diabetes in Micronesia." Micronesian Seminar. 2007. <http://www.micsem.org/diabetes/>

²⁰ CIA World Factbook. "Federated States of Micronesia." 2011.

<https://www.cia.gov/library/publications/the-world-factbook/geos/fm.html>

²¹ CIA World Factbook. "Republic of the Marshall Islands." 2011.

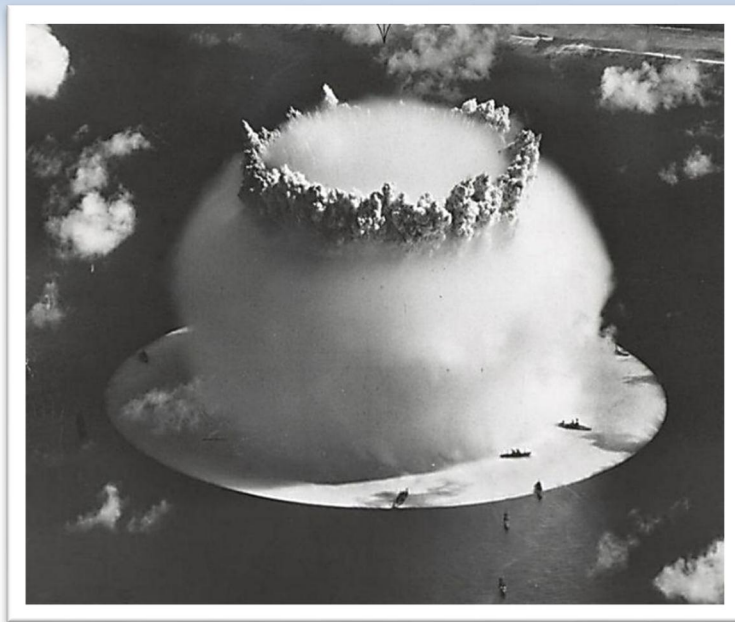
<https://www.cia.gov/library/publications/the-world-factbook/geos/rm.html>

²² Kwajalein Atoll Base Operations. <http://www.smdc.army.mil/KWAJ/BaseOps.html>

²³ Unnatural Causes discussion guide.

http://www.unnaturalcauses.org/assets/uploads/file/UC_DiscussionGuide_6.pdf

²⁴ Pobutsky et al. Page 51.



The 23 nuclear bombs detonated at RMI's Bikini Atoll killed 42 coral species, 28 of which are now locally extinct.

Part II: Language Barriers

Hawai'i Language Access Laws

Under Title VI and Hawai'i language access laws, federally and state funded agencies and services are required to:

- Take affirmative steps to rectify language deficiencies that may prevent Limited English Proficiency (LEP) individuals from meaningful access of services.
- Provide oral interpretation.
- Provide written translation of vital documents when reasonable if the population of speakers of a foreign language reaches 1,000 or 5 percent of those serviced.

In Hawai'i, there are a host of educational, vocational and health care-related opportunities available to Micronesian migrants that COFA nations cannot match. Migrants can have difficulty accessing them, however, due to a lack of English proficiency.

In all 21 interviews, the major challenge identified for this population was the language barrier. Several service providers said they perceive that migrants from COFA nations tend to have a poorer grasp of English compared to immigrants from the Philippines or American Samoa. What's more, there are fewer interpreters available for them.²⁵

The negative repercussions of this communication barrier can begin the day migrants arrive in the U.S. The I-94 cards, which document arrival dates for immigrants and non-immigrants to the U.S. alike, are necessary to authorize work eligibility. They are also expensive to replace. Because of the language barrier, many COFA residents are unaware of the importance of safeguarding these documents. Replacing them is often difficult, which affects migrants' abilities to obtain jobs and places to live.²⁶

Recognizing the burden that a language barrier places on immigrants and knowing 22.3 percent of Hawai'i residents speak a language other than English at home, the Legislature in 2006, passed a language access law requiring state agencies and other entities to provide free interpreters and translators for persons of limited English proficiency. At the time the law was signed, then-Governor Linda Lingle said, "Language should not be a

²⁵ Service Provider A. Phone interview. June 18, 2011.; Third-year medical student at John A. Burns School of Medicine. Phone interview. July 20, 2011.; Physician A. In-person interview. June 30, 2011.

²⁶ Service Provider A.

barrier to basic needs such as housing, food, job training or medical coverage.”²⁷

Regardless, in Hawai‘i language remains a barrier for COFA migrants in most of these areas. One employment specialist said most workplace orientations are in English, making it difficult for COFA migrants to understand their duties or company expectations.²⁸ Perhaps because of this, many companies seek only English-speaking employees, even if speaking English is not necessary to perform the labor.²⁹



The language barrier can be especially problematic in cases of children being removed from their families by Child Protective Services.

The language barrier also affects migrants in housing, school and the courts, where interpreters may not be provided even for court-ordered instructional sessions. This is particularly problematic in cases involving children being removed from their homes by Child Protective Services.³⁰ It can also lead to dramatic consequences in health care settings.

Several health care providers agreed there is a need for medical interpretation in Hawai‘i hospitals and health centers.³¹ Currently, a few community health centers, including Kokua Kalihi Valley Comprehensive Family Services and Kalihi Palama Health Center, have on-site, trained and certified medical interpreters. Other centers, however, may rely only on telephone interpretation services.

A fourth-year medical student at University of Hawai‘i John A. Burns School of Medicine said Queens Medical Center relies on telephone interpretation services, but he never saw the service used: “On two occasions I saw residents push a surgical consent form in front of non-English speaking Micronesian patients and then proceed to quickly explain, in medical jargon, why they needed an operation. The patient clearly had no idea what was

going on. The resident then made a ‘signing’ motion with their hand on the paper. The confused patient followed this cue and signed the paper, I suspect without any knowledge that they had consented for surgery.”³²

In the absence of trained interpreters, health care providers may turn to family members to interpret, either because it is convenient or because the patient requests it. However, relying on a family member to interpret is

²⁷ Hawai‘i Department of Labor and Industrial Relations. “Governor Lingle Signs Language Access Bill.” July 10, 2006.

http://www.naswa.org/articles/template.cfm?results_art_filename=hi_langacces.htm

²⁸ Employment Specialist A. June 22, 2011.

²⁹ Employment Specialist A.

³⁰ Employment Specialist A. Service Provider B. Phone interview. June 30, 2011.

Community Leader A. Phone interview. July 9, 2011. Service Provider C. Email correspondence. July 8, 2011. Community Leader B. Phone interview. June 20, 2011.

³¹ Physician A.; Nurse. In-person interview. June 23, 2011. Physician B. In-person interview. June 30, 2011. Community Health Worker A. In-person interview. July 11, 2011.

³² Medical student. Phone interview. July 20, 2011.

problematic and is specifically contrary to federal language access laws. Family members may edit what the patient says, attempt to answer questions without asking the patient first or contribute to an awkward or uncomfortable situation – for example, in the case of a child interpreting for a parent or family members speaking about abuse. Family members also may have a limited understanding of English and may be unable to interpret medical terms.³³

Inadequate interpretation or translation, whether using family members as interpreters or disregarding available services altogether, can lead to



Hawai'i Appleseed Center staff met with members of the Micronesia Health Advisory Council in gathering information for this report.

patients' undergoing procedures they don't understand or anticipate. For example, a community health worker said a patient came into the clinic with a catheter in his side. He had recently undergone surgery at Queens Medical Center but neither he nor his son knew what procedure had been administered.

"He kept saying, 'I don't know, I don't know,'" the health worker said, referring to the patient's son. When she told him his father had to go back to Queens, the son asked if there was any other hospital

they could go to. "I told him Queens was the best but he kept asking to go anywhere else."³⁴

This example is not unique. A community organizer said a Marshallese woman woke up after surgery and was shocked to realize that part of her foot had been removed.³⁵ As long as health centers do not consistently provide adequate interpretation and translation services, non-English speaking migrants from Micronesia and elsewhere are at risk, as are health professionals.

³³ Community Health Worker B. In-person interview. July 11, 2011.

³⁴ Community Health Worker B.

³⁵ Community Health Worker B. In-person interview. July 11, 2011.

Part III: Cultural Barriers

Micronesians disproportionately find themselves in Hawai'i's court system in part because of a lack of understanding of Hawai'i laws

Language may be the most obvious barrier affecting Micronesian migrants' ability to access essential services in Hawai'i, but interviewees said poor communication is compounded by stark cultural differences between the peoples of Micronesia and Hawai'i. In education, health care, employment, housing and law, mutual cultural misunderstandings contribute greatly to migrants' difficulties attaining self-achievement.

Several interviewees said many service providers and the community lack of knowledge of the history and culture of Micronesia. For example, many people do not realize that Micronesia is made up of many different islands with different histories, languages and cultures.

This unfamiliarity complicates the delivery of services, as providers may make incorrect cultural assumptions about migrants or neglect to provide interpreters for the language they speak. Furthermore, many people do not understand the reciprocal nature of the Compacts, the origins of the special relationship between COFA nations and the U.S nor the military and economic benefits enjoyed by the U.S. under the agreements. This contributes to generalizations and negative stereotypes further affecting migrants' access to needed services.³⁶

There is a need for service providers to better understand COFA migrants to help them acclimate to Western systems and institutions. The contrast between life in COFA nations and in Hawai'i is so stark that migrants face substantial barriers to success simply from a lack of acculturation. In employment and housing, migrants are challenged by the need to meet the expectations and regulations of living and working in Hawai'i while continuing to respect their cultural values. For example, COFA migrants may maintain the strong cultural value of giving family needs top priority, which can conflict with employer expectations.³⁷

COFA migrants come from community-based societies and often have difficulty understanding and adopting our westernized individual-based systems. This can affect their ability to find and keep housing. A study conducted at a transitional shelter in Hawai'i in 2007 found the number one reason for homelessness amongst Micronesian residents was eviction due to overcrowding.³⁸ Several interviewees corroborated this finding; one homeless shelter director even said he has seen Micronesian migrants jeopardize their chances of receiving public housing because of a refusal to separate family members.³⁹

³⁶ Service Provider A; Physician A; Employment Specialist A; Community Leader A.

³⁷ Employment Specialist A; Employment Specialist B. In-person interview. July 19, 2011; Employment Specialist C. Phone interview. July 12, 2011.

³⁸ Omori et al. "Reasons for Homelessness among Micronesians at a Transitional Shelter in Hawai'i." *Developing Human Resources in the Pacific*. Vol. 14. No 1. 2007. <http://www.pacifichealthdialog.org.fj/Volume%2014/No1/Viewpoints%20and%20Perspectives/Reasons%20for%20Homelessness%20among%20Micronesians.pdf>

³⁹ Nurse; Service Provider D. In-person interview. June 29, 2011; Homeless Shelter Director. In-person interview. July 5, 2011.

Health Effects of Weapons Tests in Micronesia

Half of the cancers caused by the nuclear tests in the Marshall Islands have yet to appear.

The Marshall Islands Medical Project provides medical care to those exposed to fallout from the Castle Bravo weapons. This treatment only covers tumors and cancer-oriented problems.

Despite high rates of renal failure and kidney disease that require many to receive dialysis, the Marshall Islands and many islands in the Federated States of Micronesia lack the infrastructure to make such services available or even possible.

Bravo was the first U.S. test of a dry fuel thermonuclear hydrogen bomb. It was detonated on March 1, 1954 at Bikini Atoll, Marshall Islands and was the first test of Operation Castle.

Bravo – the most powerful nuclear device ever detonated by the U.S. – led to the most significant radiological contamination ever caused by the U.S.

In the health care sector, different cultural understandings of disease and medicine and migrants' lack of understanding of the Western health care system compound the poor communication brought about by the lack of language access. The result is often poor patient adherence, which frustrates health care providers and increases the potential for health complications.⁴⁰

Similarly, in education, different cultural expectations about parental involvement in their children's education can lead to frustration and miscommunication between parents and teachers.⁴¹ In addition, teachers may misunderstand the needs of Micronesian children adjusting to a new and culturally different environment. One interviewee said while she was a public school teacher in Hawai'i she saw children of COFA migrants sent to special education in disproportionate numbers and not always because of their mental abilities.

"I honestly think the problems have to do with language and acculturation," she said.⁴² Such occurrences can result in stigmatizing the child, giving the parents a sense of failure and neglecting to take proper steps for the child to succeed in school.

The cultural barriers affecting Micronesian migrants also can have legal implications. Micronesians disproportionately find themselves in Hawai'i's court system in part because of a lack of understanding of Hawai'i laws, interviewees said. They also said language barriers decrease the likelihood that migrants will be let off with a warning for small offenses and social stereotypes contribute to racial profiling.⁴³

During the interviews, service providers have noted that COFA migrants are less likely than other immigrant groups to assert their rights and avail themselves of available social services.⁴⁴ Members of the COFA community said they should not "rock the boat" for fear of jeopardizing their immigration status or attracting unwanted negative attention to the community.⁴⁵

⁴⁰ Physician A.

⁴¹ Teacher. In-person interview. July 11, 2011; Employment Specialist A.

⁴² Employment Specialist A.

⁴³ Service Provider C; Service Provider B; Community Leader A; Community Leader C. In-person interview. July 21, 2011.

⁴⁴ Service Provider A; Physician B; Service Provider C.

⁴⁵ Community Leader B; Employment Specialist A; Service Provider C.

Part IV: Social Barriers

Employment Discrimination

Under Title VII of the Civil Rights Act, it is discriminatory for employers to:

- Require an individual to speak English as a condition of employment if fluency in English is not necessary to do the job effectively.
- Base an employment decision on an employee's foreign accent, unless the accent seriously interferes with the employee's job performance.

Despite their desire not to attract negative attention, negative stereotypes of Micronesians in Hawai'i thrive. "They call us cockroaches," said a ten-year-old Chuukese girl asked how Chuukese students are treated at school by other students.⁴⁶ The experience of this little girl falls into a third category of barriers confronted by Micronesian migrants to Hawai'i: social discrimination.

Like other new immigrant groups, Micronesians have become objects of prejudice and, according to several interviewees; discrimination against them has been increasing.⁴⁷ The prevailing stereotype is Micronesians are "lazy" and they are "taking all of our resources."⁴⁸

Many say negative media portrayals of Micronesians have contributed to this perception.⁴⁹ One Chuukese woman said, one morning while she was driving with her young daughter, she tuned into a local radio station and heard a joke asking how Chuukese people and cockroaches are the same. She listened long enough to hear the punch line – "They both multiply" – before switching the station to prevent her child from hearing more.⁵⁰

Others criticize print media for painting Micronesians in Hawai'i in a negative light. A July 2007 article reporting a large increase in Micronesians in Hawai'i's homeless shelters sparked controversy because it referred to the trend as an "epidemic" and focused on the negative – Micronesians' utilizing services – rather than on the positive – an opportunity for Hawai'i to help a historically marginalized population.⁵¹

Discrimination against Micronesians is not only seen in the media but also in migrants' inability to access education, food, shelter and essential services. At school, some Micronesian children suffer social exclusion because of these stereotypes.⁵² And the discrimination is not only by students; a former teacher said she has heard other teachers call Chuukese students "stupid" and "no good."⁵³

Discrimination also negatively affects migrants' ability to secure housing and employment. An employment specialist said about a fourth of the companies she calls openly admit that they don't want to hire Micronesians.⁵⁴ Other employment specialists say, although businesses may not explicitly express

⁴⁶ Community Leader C.

⁴⁷ Physician A; Service Provider A; Employment Specialist B; Service Provider C.

⁴⁸ Public Health Worker; Service Provider A; Employment Specialist B.

⁴⁹ Service Provider B; Physician B; Employment Specialist B; Employment Specialist C; Community Leader C.

⁵⁰ Community Leader C.

⁵¹ Blair, Chad. "Media Said to Fuel Micronesian Stereotypes." June 21, 2011.

<http://www.civilbeat.com/articles/2011/06/21/11722-media-said-to-fuel-micronesian-stereotypes/>

⁵² Nurse; Community Leader D. Phone interview, June 24, 2011.

⁵³ Employment Specialist A.

⁵⁴ Employment Specialist A.

aversion to hiring Micronesians, the undercurrent of prejudice is discernable.⁵⁵

Interviewees cited other examples of employment discrimination, including instances of Micronesians being underpaid and being passed over for promotions by less educated non-Micronesians.⁵⁶

A study conducted by Kokua Legal Services in 2007 exposed both blatant and subtle housing discrimination against Micronesians and interviewees for this report corroborated this finding.⁵⁷ A Chuukese man said that when he was

Although the U.S. District Court ordered the state to restore benefits to the 7,500 people who were affected, the State continues to appeal the case

searching for an apartment, landlords would tell him on the telephone that a unit was available. When he met them in person, it became unavailable.⁵⁸ Other interviewees said they had heard of similar instances.⁵⁹

Discrimination also affects Micronesian migrants' access to social services. Several interviewees said at the Department of Human Services Micronesian clients often get the "run-around."⁶⁰ A Marshallese man said he had visited DHS repeatedly to follow up on his Supplemental Nutrition Assistance Program (food stamp) application for his children. Although almost two months had passed since his application had been submitted, he hadn't been able to see or speak with his caseworker.⁶¹ Another community member said she had seen Micronesian clients forced to wait longer than other clients at DHS. A service provider said, "I've been down to the DHS office with Micronesian families and they are treated with contempt."⁶²

Interviews indicated that prejudice against Micronesians exists even among some service providers. One provider said when he calls other service providers on behalf a Micronesian client, it is not uncommon to hear a response such as, "Oh those [expletive] Micronesians, they're just awful, I can't stand it."⁶³ Another said she heard a caseworker say of Micronesians that their problems are caused by too much inbreeding.⁶⁴ Such attitudes result at best in rude treatment and, at worst, a lack of access to needed resources.

The health care sector is unfortunately not immune. A fourth-year medical student at the John A. Burns School of Medicine said in his opinion Micronesian patients are generally perceived as "leeches" by doctors and

⁵⁵ Employment Specialist B; Employment Specialist C.

⁵⁶ Service Provider C; Employment Specialist B.

⁵⁷ Vorsino, Mary. "Hawai'i nonprofit fighting rental bias." Nov. 12, 2007.

<http://the.honoluluadvertiser.com/article/2007/Nov/12/ln/hawaii711120352.html>

⁵⁸ Employment Specialist B.

⁵⁹ Teacher; community member, in-person interview, July 11, 2011.

⁶⁰ Service Provider C; Graduate Student; Service Provider A; Community Leader B.

⁶¹ Community Leader A.

⁶² Graduate Student; Service Provider A.

⁶³ Service Provider A.

⁶⁴ Service Provider C.

medical students and in practice sometimes treated differently from other patients.

Although the patient's permission is usually requested before a pelvic exam is performed, the student said he has never seen health care providers extend this same courtesy to Micronesian patients.⁶⁵ Similarly, in the recent article "Discrimination in Hawai'i and the Health of Micronesians," Dr. Seiji Yamada quotes a doctor purportedly telling a medical student, "We shoulda just wiped the islands off the earth when we had the chance." Yamada writes that Micronesian patients have told him that they feel treated brusquely when seeking health services.⁶⁶

The Republic of the Marshall Islands Consulate repeatedly has received hate messages reading, "[Expletive] Micronesia. Kill all Micronesians."

Myths about Micronesians

- **Micronesians receive welfare** – Micronesian immigrants are categorically ineligible to receive so-called "welfare" benefits, such as financial assistance, food stamps and federal Medicaid. All other immigrant groups may receive these benefits after five years, but Micronesians do not. To receive benefits, a Micronesian must be an American citizen.
- **Micronesians are not eligible to work** – Under the Compacts of Free Association, Micronesians are eligible to work in the United States.

In a political expression of this sentiment, in 2009 the State of Hawai'i drastically cut health insurance benefits for COFA migrants. Although the U.S. District Court ordered the state to restore benefits to the 7,500 people who were affected, the State continues to appeal the case, deepening the division between COFA migrants and the rest of the community.⁶⁷

Despite the pervasiveness of negative stereotypes about Micronesians in Hawai'i, research shows they are largely unfounded. For example, COFA citizens in Hawai'i are ineligible for federal means-tested benefits, general-assistance welfare, Medicaid, Temporary Assistance for Needy Families, or Supplemental Nutrition Assistance Program. Unlike all other legal immigrants who have resided here for five years, COFA citizens never are eligible for these programs.

For Micronesians in Hawai'i who *are* eligible for these social services – such as those who are U.S. citizens – the perception that they are seeking to "take all of our resources" was examined as part of an extensive study conducted in 2003 on the status of Micronesian migrants in Hawai'i.⁶⁸

The study concluded: "Most Micronesians are not interested in being on welfare for long periods – all of the surveys have shown that when Micronesians do go on welfare, and many in Hawai'i have reported being on welfare for some period of time, they try to get off as quickly as possible and into the labor force to take care of their families financially. Usually, the periods of time and amounts of welfare funding are small."⁶⁹

⁶⁵ Medical student.

⁶⁶ Yamada, Seiji. "Discrimination in Hawai'i and the Health of Micronesians." *Hawai'i Journal of Public Health*. Vol. 3. No. 1.

[http://Hawaii.gov/health/hjph/Volumes/Volume3\(1\)/2011-3\(1\)-55-57.pdf](http://Hawaii.gov/health/hjph/Volumes/Volume3(1)/2011-3(1)-55-57.pdf)

⁶⁷ Zimmerman, Malia. "Micronesians win major victory in Hawai'i's district court." *Hawai'i Reporter*. Nov. 29, 2010.

⁶⁸ Broder, Tanya. "Immigrant Eligibility for Public Benefits." National Immigration Law Center. 2005.

http://www.nilc.org/immspbbs/special/imm_elig_for_pub_bens_aila_0305.pdf

⁶⁹ Pobutsky et al. "The Status of Micronesian Migrants in 2003." Page 83.

Overcoming Discrimination and Exclusion

Sadly, American history is replete with examples of discrimination by laws, such as:

- The Chinese Exclusion Act
- Jim Crow laws and the notion of “separate but equal”
- Forced internment of Japanese Americans during World War II

By legitimizing the categorical degradation of individuals as human beings, particularly those already subjected to invidious social prejudices, these laws have taught an otherwise proud and free nation some of its harshest lessons.

In the case of today’s COFA migrants, we continue to struggle with the harms and legacies of misguided policies and laws.



This image created by Adam Chang for the advocacy group Healthy Pacific shows two hands representing the unity of mankind, especially among Pacific Islanders. The sky blue and three stars represent the Republic of the Marshall Islands, the Federated States of Micronesia and the Republic of Palau.

As Hawai‘i’s newest immigrant group, Micronesian migrants have been both stigmatized and scapegoated during a tough economic time. The presence of the migrant community is consistently framed in terms of a negative drain on resources, referred to as the “Compact impact.” The positive contributions of Micronesians are rarely highlighted and, while we do not measure other immigrant communities’ use of resources, the COFA community has been singled out.

The Republic of the Marshall Islands Consulate repeatedly has received hate messages reading, “[Expletive] Micronesia. Kill all Micronesians.” The government’s persistent effort to cut health care benefits for this community is a frightening embodiment of that bigotry in public policy, and represents the most dangerous manifestation of social discrimination against Micronesians yet.

Part V: Conclusion

It is time for Hawai'i to be on the right side of history by improving opportunities for health care, education, employment, housing and social services for Micronesians

This report describes the challenges Micronesians migrants face in Hawai'i, but it is not intended to suggest that most Micronesians here are poor, ill, lacking in acculturation and/or English proficiency. On the contrary, many Micronesians have overcome the barriers to success discussed in this report and serve in professions such as doctors, teachers, military servicemen and others. Their taxes, purchases and work contribute positively to the Aloha State's economy and wellbeing.⁷⁰ Their military service contributes to our freedom and their cultures contribute to our community's diversity and richness.

Mau Piailug, the master navigator credited with re-teaching Native Hawaiians the lost knowledge of deep-sea voyaging, was from Micronesia. According to

the *Economist*, "It seemed to him ... that Polynesians and Micronesians were one people, united by the vast ocean which he, and they, had crisscrossed for millennia in their tiny boats."⁷¹

The barriers described in this report are not only challenges for the migrants, but also for the people

of Hawai'i, testing our commitment to the "Aloha spirit." Clearly, many of us are struggling during today's economic downturn. Still, actions to deny COFA citizens their rights to health care or to live and work productively in the U.S. undermine Hawai'i's culture of compassion and humanity and threaten to perpetuate a stigmatized underclass within the community.

In light of the significant and substantial sacrifices Micronesians have made and continue to make for our national security and the cultural and economic contributions they make to Hawai'i, this community should not turn their backs to them. Once recognized, the barriers to language access, acculturation and social acceptance can be overcome, but only if both communities are united in their commitment to do so. ¶

⁷⁰ Pobutsky et al. "The Status of Micronesians Migrants in 2003." Page 83.

⁷¹ "Mau Piailug." *The Economist*. July 22, 2010. <http://www.economist.com/node/16635898>



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